

Building & Development Services

1102 Lohmans Crossing, Lakeway, TX 78734 Phone: (512) 314-7540 Fax: (512) 314-7541

www.lakeway-tx.gov

APPLICATION FOR AN ADMINISTRATIVE VIEW BLOCKING DETERMINATION FOR AN ADDITION

If City Staff determines that view blocking **is** an issue, the request for a determination will need to be presented to the City Building Commission (CBC). This CBC application must be submitted at least 28 days prior to the CBC meeting.

ADDRESS OF PROPERTY:				ZONING:		
APPLICANT:	CONTACT NAME:	TELEPHONE:	ONE: E-MAIL			
MAILING ADDRESS:		CITY:	Стту:		ZIP CODE	
PROPERTY OWNER NAME:		TELEPHONE:	TELEPHONE: E-MAII			
MAILING ADDRESS:		CITY:	CITY: STATE ZIP CODE		ZIP CODE	
IDENTIFY BENCHMARK:		BENCHMARK	BENCHMARK LOCATION:			
REQUESTED HEIGHT ABO	OVE HIGHEST NATURAL (GRADE UNDER THE SLA	AB (FEET &	INCHES):		
REQUESTED HEIGHT ABO	OVE BENCHMARK (FEET &	& INCHES):				
HAVE RIDGE POLES BEEN ESTABLISHED? YES* No If YES, WHEN?:*Send photo once pole				HAVE PLANS BEEN SUBMITTED? is erected YES NO		
	<u> </u>			CITY USE ONLY)		
SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:			DATE OF STAFF INSPECTION:			
I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City.			STAFF DETERMINATION: View Blocking IS/ IS NOT an issue (circle). Require a CBC View Blocking Determination? ☐ YES ☐ NO			
			STAFF MEMBERS PRESENT:			
OPTIONAL I authorize my duly authorized agent to coordinate with the City and its representatives and speak on my behalf for the purposes of representing me in regards to this request.						
SIGNATURE DATE		DATE				
PRINTED NAME DATE		DATE	1000			



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(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)

ADDRESS OF PROPERTY:
PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZED AGENTS OF OWNER
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